

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Maine

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METHODS OF ADMINISTRATION ASSURING NON-DISCRIMINATION ON THE BASIS OF HANDICAP

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The methods of administration assuring non-discrimination on the basis of handicap are contained in the Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, which is on Page 2 of this Attachment.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE  
REHABILITATION ACT OF 1973, AS AMENDED

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The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HEW regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to § 84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health, Education, and Welfare after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health, Education, and Welfare or, where the assistance is in the form of real or personal property, for the period provided for in § 84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

a. ☐ employs fewer than fifteen persons;  
A73

b. ☐ employs fifteen or more persons and, pursuant to § 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has  
A74 designated the following person(s) to coordinate its efforts to comply with the HEW regulation:

Maine Department of Human Services

Name of Designee(s) - Type or Print

C12

C42

Maine Department of Human Services

State House

Name of Recipient - Type or Print

Street Address or P. O. Box

A12

A41

A42

A71

01-6000001

Augusta

(IRS) Employer Identification Number

City

A1

A11

B12

B41

B1

B11

Maine

04333

C1

C11

State

Zip

B42

B71

I certify that the above information is complete and correct to the best of my knowledge.

Date

B72

B77

Signature and Title of Authorized Official

B78

, Commissioner

If there has been a change in name or ownership within the last year, please PRINT the former name below:

NOTE: The 'A', 'B', and 'C' followed by numbers are for computer use. Please disregard.

PLEASE RETURN ORIGINAL TO: Office for Civil Rights, HEW, P. O. Box 8222, Washington, D.C. 20024.